BUSINESS REPORT

MONTANA SENATE 61st LEGISLATURE - REGULAR SESSION

SENATE PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

Date: Friday, January 23, 2009 Place: Capitol		3:00 pm 317-A
BILLS and RESOLUTIONS HEARD: Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Add Postponed	(PP) who	en appropriate:
SB 82, SB 119		
EXECUTIVE ACTION TAKEN: Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Enter P(pass) F amended) BC(be concurred in) BCAA (be concurred in as amended): SB1/9 - Do Pass SB2-Do Pass SB32-Do Pass		
COMMENTS:		
Jerry Mur SEN.	y jr Roy Br	own, Chairman

MONTANA STATE SENATE Roll Call PUBLIC HEALTH, WELFARE, AND SAFETY COMMITTEE

DATE: 1-23-09

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NAME	<u>PRESENT</u>	ABSENT/ EXCUSED
SENATOR ROY BROWN, CHAIRMAN		V
SENATOR TERRY MURPHY, VICE CHAIR		
SENATOR GREG HINKLE		
SENATOR CAROL JUNEAU	//	
SENATOR CLIFF LARSEN		
SENATOR DAVE LEWIS		
SENATOR TRUDI SCHMIDT		



January 24, 2009 Page 1 of 1

Mr. President:

We, your committee on Public Health, Welfare and Safety recommend that Senate Bill 119 (first reading copy -- white) do pass.

Signed:

Senator Roy Brown, Chair

- END -

Committee Vote:
Yes 7, No 0
Fiscal Note Required ___

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January 24, 2009 Page 1 of 1

Mr. President:

We, your committee on Public Health, Welfare and Safety recommend that Senate Bill 226 (first reading copy -- white) do pass.

Signed:

Senator Koy Brown, Chair

- END -

Committee Vote:
Yes 7, No 0
Fiscal Note Required ___

SB0226001SC.sdr

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January 24, 2009 Page 1 of 1

Mr. President:

We, your committee on Public Health, Welfare and Safety recommend that Senate Bill 79 (first reading copy -- white) do pass as amended.

Signed: (

Senator Roy Brown, Chair

And, that such amendments read:

1. Page 1, line 30.

Following: "50-5-101,"

Insert: "including federal facilities,"

2. Page 2, line 24.

Strike: "and"

3. Page 2, line 26.

Following: "residents"

Strike: "."

Insert: "; and"

Following: line 26

Insert: "(3) emergency medical service provided by an ambulance
 company located in a county with a population of 20,000
 residents or more, from a community within that county with
 a population of 1,500 residents or less to a health care
 facility in that county."

- END -

Committee Vote:

Yes 7, No 0

Fiscal Note Required

SB0079001SC.sdr



January 24, 2009 Page 1 of 1

Mr. President:

We, your committee on Public Health, Welfare and Safety recommend that Senate Bill 82 (first reading copy -- white) do pass.

Signed:

Senator Roy Brown, Chair

- END -

Committee Vote:
Yes 7, No 0
Fiscal Note Required ___

SB0082001SC.sdr

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AUTHORIZED SENATE COMMITTEE PROXY

Sin. Mingo				to leave my pro			
Indicate Bill number an list them by name and for each amendment.	id you	ır vote er un	e Aye d der th	or No. If there are e bill and indicate	ame e a ser	ndme parate	nts, vote
BILL/AMENDMENT	AYE	NO		BILL/AMENDMENT		AYE	NO
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Sen(Signat	2			Date			

AUTHORIZED SENATE COMMITTEE PROXY

Senator Mury Indicate Bill number ar	hy nd you	ır vote	e Aye	come to leave my proxy votor No. If there are ame	ndme	nts,
for each amendment. BILL/AMENDMENT	AYE	NO	uei u	BILL/AMENDMENT	parate AYE	NO
SB 119	X					
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Sen. (Signat	Per	wy.		Date_/- 🌙	13-Q	00°

MONTANA STATE SENATE Visitors Register

Public Health, Welfare, and Sill No. <u> 119 </u>	Safety Committee	Date 1-23-09
Bill No S	ponsor(s) Esp	
PLEASE PRINT	PLEASE PRINT	PLEASE PRINT

Name and Address	Representing	Support	Oppose	Inf.
Rita Charles - Helena	AARP	2		
Shyla Patera	NCLIS	V		
Mark Sanders	NCILS	\ \rangle		
Jim Brown	7	$\sqrt{}$		
Harold Eyre	LIFTT			
Douglas Zander		V		
Marcoret REANER	NCILO	W		
Theresa Carlner		W		
Robert Johnen	DOHA STORP			
JANBARA XXISKOUICH	DPHHS			
have Thompson	AMON/ DPHITS	V		
anta Ruman	Disability Rts Mt.	/		
fat Melly	Mt Med Asin	1		
JAN CAHEL	MACDS	V		

Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.

MONTANA STATE SENATE Visitors Register

Public Health, Welfare, an	nd Safety Committee	Date 1-23-09
Bill No. <u>82</u>	Sponsor(s) Steinbersse	e,-

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Name and Address	Representing	Support	Oppose	Inf.
Daug Amoden	LIFTT	-		
BARBARAKOUTCH.	TOPH HS			
Jebb Busk	DPHHS	J		
anta Rumman	Disability Rt Mt.			
SteveTurkiewer	Disability Rt Mt.	4		
Steve Yearly	MI Ind Benhir	V		
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Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.